PATENT

Attorney Docket No. 07411.0005.NPUS00



UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Edward Cohen)
Appln. No.	.: 09/522,716) <u>CERTIFICATE OF MAILING</u>)
Filed:	March 10, 2000) I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O.
Title:	CANCER IMMUNOTHERAPY WITH SEMI-ALLOGENIC CELLS	Box 1450, Alexandria, VA 22313-1450, on this date.
Art Unit:	6035) 10/09/03 Date David W. Clough, Ph.D. Registration No. 36,107

Mail Stop Non-Fee Amendment **Assistant Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

Examiner: Christopher H. Yaen

AMENDMENT TRANSMITTAL

RECEIVED

TECH CENTER 1600/2900

Dear Sir:

Sir:

Transmitted herewith is an amendment/reply in the above-identified application.

- 1. () A paper requesting correction/substitution of drawings is attached.
- Amendments and Response to Office Action of April 11, 2003; 2. (X)
- Petition for Extension of Time Within the Third Month with fee 3. (X) of \$475 charged to our Deposit Account No. 08-3038.

Fee for Claims 4.

No additional fee is required. (x)

> The fee for additional claims in accordance with 37 C.F.R. § 1.16(b)-(d) has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment			Present Extra	Rate	Additional Fee	Rate	Additional Fe
Total	14	Minus	52	-	x 9	-	x 18	-
Indep.	2	Minus	6	-	X 43	<u> </u>	x 86	-
ee for Multiple Dependent Claims					+145	•	+290	-
TOTAL ADDITIO					NAL FEES		OR	-

Application No. 09/522,716 Filed: March 10, 2000

5. Method of Payment of Fees

- () Enclosed is our firm check in the amount of: \$_____.
- (x) Please charge \$ 475.00 to Deposit Account No. 08-3038 for payment of the Extension fees within the third month.
- 6. (X) The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 08-3038. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 08-3038. This sheet is filed in duplicate.

Respectfully submitted,

HOWREY SIMON ARNOLD & WHITE, LLP

By:

David W. Clough, Pl

Registration No.: 36,107

Dated: October 9, 2003

HOWREY SIMON ARNOLD & WHITE, LLP

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